



Human Resources Division
 65 Stone Street | Cocoa, FL 32922
 Phone: (321) 433-8440 Fax: (321) 433-8445

EMPLOYEE PERSONAL CHANGE FORM

****Employees are responsible for notifying, as applicable, Mission Square, PIC, Aflac, FD/PD Pension plans, and FRS of demographic or other personal status changes****

Legal Name Change (*SS Card or Court decree is required*)

From:		To:	
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Marital Status Change

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
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Address Change

New Home Address:		New Mailing Address:	
Street:		Street:	
City		City	
State:		State:	
Zip:		Zip:	

Telephone Number Change:

Home:		Cell:		Work:	
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Emergency Contact Change

Primary Contact:		Secondary Contact:	
Name:		Name:	
Relationship:		Relationship:	
Phone:		Phone:	
Alt. Phone:		Alt. Phone:	

Effective Date of Change(s):		Print Name:		Employee ID #:	
Employee Signature:				Date:	

OFFICE USE ONLY

The HR Division will contact the applicable benefit providers to inform them of these changes and will update the appropriate systems.

<input type="checkbox"/>	Bentek	<input type="checkbox"/>	Naviline
	Date:		Date:
	Initials:		Initials: